

THE
PEW
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**Getting from Good to Great in Home Visiting:
Evaluating for Impact**

THE PEW HOME VISITING CAMPAIGN

partners with policy makers and advocates in promoting smart state and federal investments in quality, home-based programs for new and expectant families

Our research agenda is made possible by the Doris Duke Charitable Foundation and the Children's Services Council of Palm Beach County.



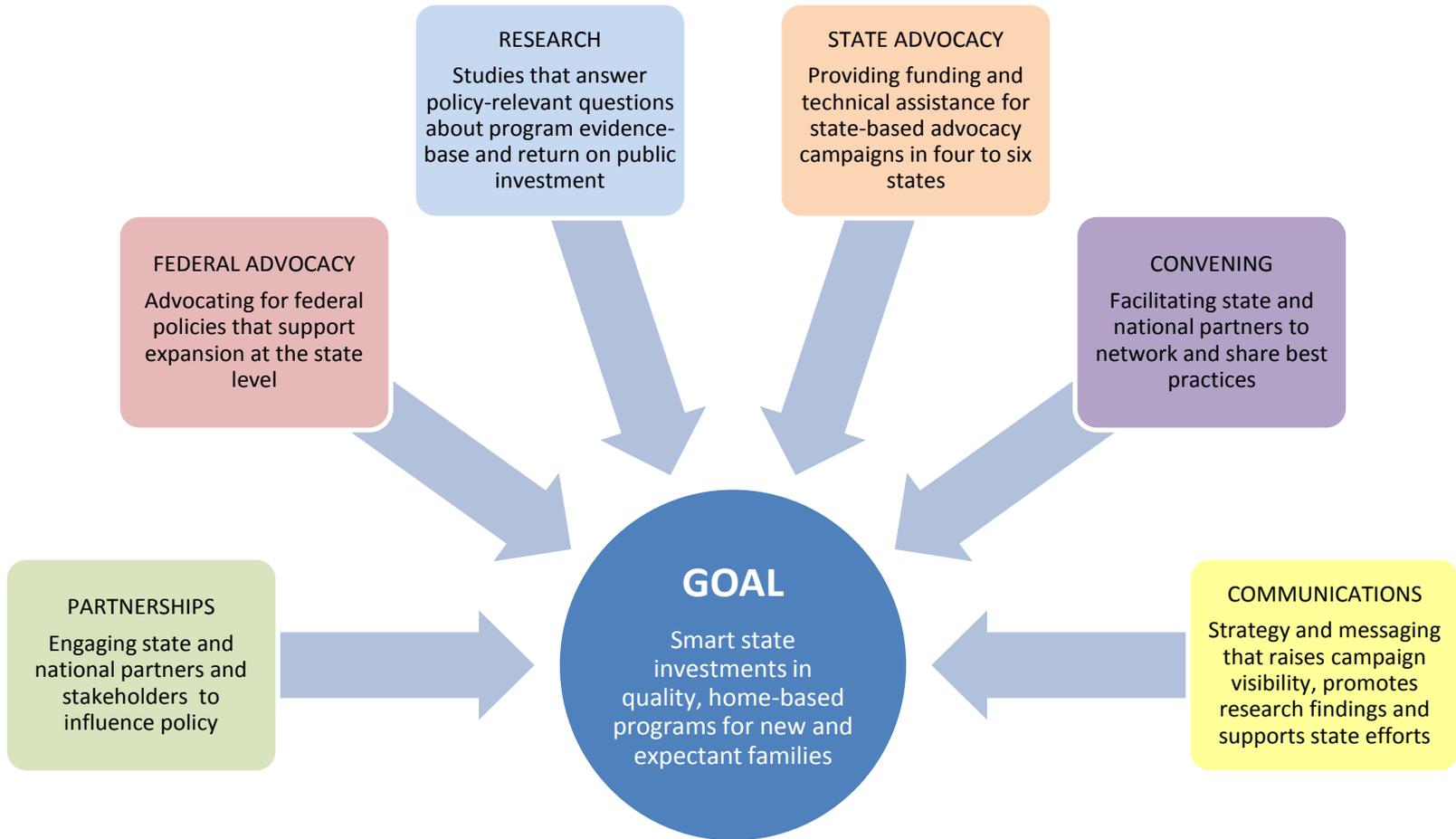
Learn more at [pewcenteronthestates.org/homevisiting](https://www.pewcenteronthestates.org/homevisiting)



The Pew Center on the States is a division of The Pew Charitable Trusts that identifies and advances effective solutions to critical issues facing states. Pew is a nonprofit organization that applies a rigorous, analytical approach to improve public policy, inform the public and stimulate civic life.

www.pewcenteronthestates.org

Campaign Infrastructure



Pew Home Visiting Campaign Webinar Series

A series of five webinars highlighting promising practices in administering state home visiting systems:

- 1. Using Evidence to Guide and Direct State Home Visiting Investments:** Leaders from three Pew campaign states—Washington, North Carolina and Ohio—will discuss their experiences promoting evidence-based policy and practice in home visiting.
- 2. Implementation, implementation, implementation:** best practices and strategies for monitoring implementation of state home visiting programs.
- 3. Evaluating for Impact:** state-sponsored efforts to evaluate home visiting programs for process and outcome measures, as well as cost-benefit.
- 4. Systems Coordination:** Successful state efforts to centralize intake, standardize policies and procedures, identify core indicators and performance measures, and train home visiting professionals.
- 5. Scaling up:** Examples of states' strategic thinking around creating a statewide system of home visiting and expanding services to reach all eligible families.



Panelists

Jill Antonishak
Research Manager
Pew Home Visiting Campaign

Kim DuMont
Research Scientist
Bureau of Evaluation and Research
New York State Office of Children and Family Services

Susan Mitchell-Herzfeld
Director
Bureau of Evaluation and Research
New York State Office of Children and Family Services

David Rubin
Senior Director of PolicyLab, The Children's Hospital of Philadelphia
Associate Professor of Pediatrics, University of Pennsylvania School of Medicine

Evaluating for Impact

- **Why evaluate?**
 - Determine what works and what doesn't
 - Highlight effectiveness to policy makers and funders; make the case for program sustainability
 - Improve program performance
 - Accountability
- **Types of Evaluation**
 - Process evaluations: assess whether an intervention was implemented as intended
 - Outcome evaluations: determine whether, and to what extent, changes in child or family outcomes occurred, and if these changes can be attributed to the program.

Healthy Families New York

Evaluating the Healthy Families New York (HFNY) Home Visiting Program

Kimberly DuMont
Susan Mitchell-Herzfeld

NYS Office of Children and Family Services

Pew Webinar : Evaluating for Impact
October 7, 2010

WHAT IS HFNY?

- **Based on national Healthy Families America (HFA) model**
- **Targets pregnant women and parents of newborns at risk for child maltreatment**
- **Goals: 1) prevent CA/N; 2) enhance parent-child interactions; 3) promote child health & development; and 4) improve self-sufficiency**
- **Intensive, comprehensive home visiting services offered prenatally and from birth up to age 5 or school entry**
- **Home visitors are trained paraprofessionals typically from same communities as participants**
- **HFNY initiated in 1995, now operating in 37 sites**

IMPETUS FOR HFNY EVALUATION

- **Authorizing legislation mandated evaluation**
- **Ongoing pressure to demonstrate results to justify investment of state funds**
- **Initial evaluation involved quasi-experimental design with matched comparison group**
 - Produced equivocal results due to lack of equivalence of treatment and comparison groups
- **After failure of quasi-experimental design, we launched effort to persuade HFNY program staff and OCFS policy makers to support randomized controlled trial (RCT)**
- **RCT initiated in March 2000**

EVALUATION DESIGN

- **RCT in 3 diverse program sites**
 - Randomly assigned to HFNY (n=579) or Control Group (n=594)
- **Face-to-face interviews with HFNY and Control mothers at baseline, birth, and 1, 2, 3 and 7 years post-birth**
- **Videotaped parent-child interactions in home for reduced sample at Age 3, 7**
- **Face-to-face interviews, tests of verbal ability, and behavioral assessments of target children at Age 7**
- **Administrative data on CPS reports, foster care, welfare and food stamp benefits (RA-Age 7)**
- **Birth certificate records (Birth)**
- **HFNY home visit and cost data (RA-Age 7)**

KEY FINDINGS

- HFNY reduced rate of confirmed CPS reports for two subgroups: moms with confirmed report prior to RA & first-time moms < 19 offered HFNY early in pregnancy
- Less physical abuse/aggression reported by moms and children in HFNY group than control group at Ages 1, 2, and 7, revealing sustained pattern of effects.
- HFNY had enduring effects on the use of parenting competencies that support children's cognitive and social development across developmental stages.
- Children receiving HFNY had better educational outcomes than Control children at Age 7.
- HFNY cut rate of low birth weight babies in half among women randomly assigned before 31st wk of pregnancy

Nurse-Family Partnership Pennsylvania

Evaluating for Impact

David Rubin, MD MSCE

Pew Center for the States

October 7, 2010



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PRACTICE & POLICY



The Children's Hospital of Philadelphia®

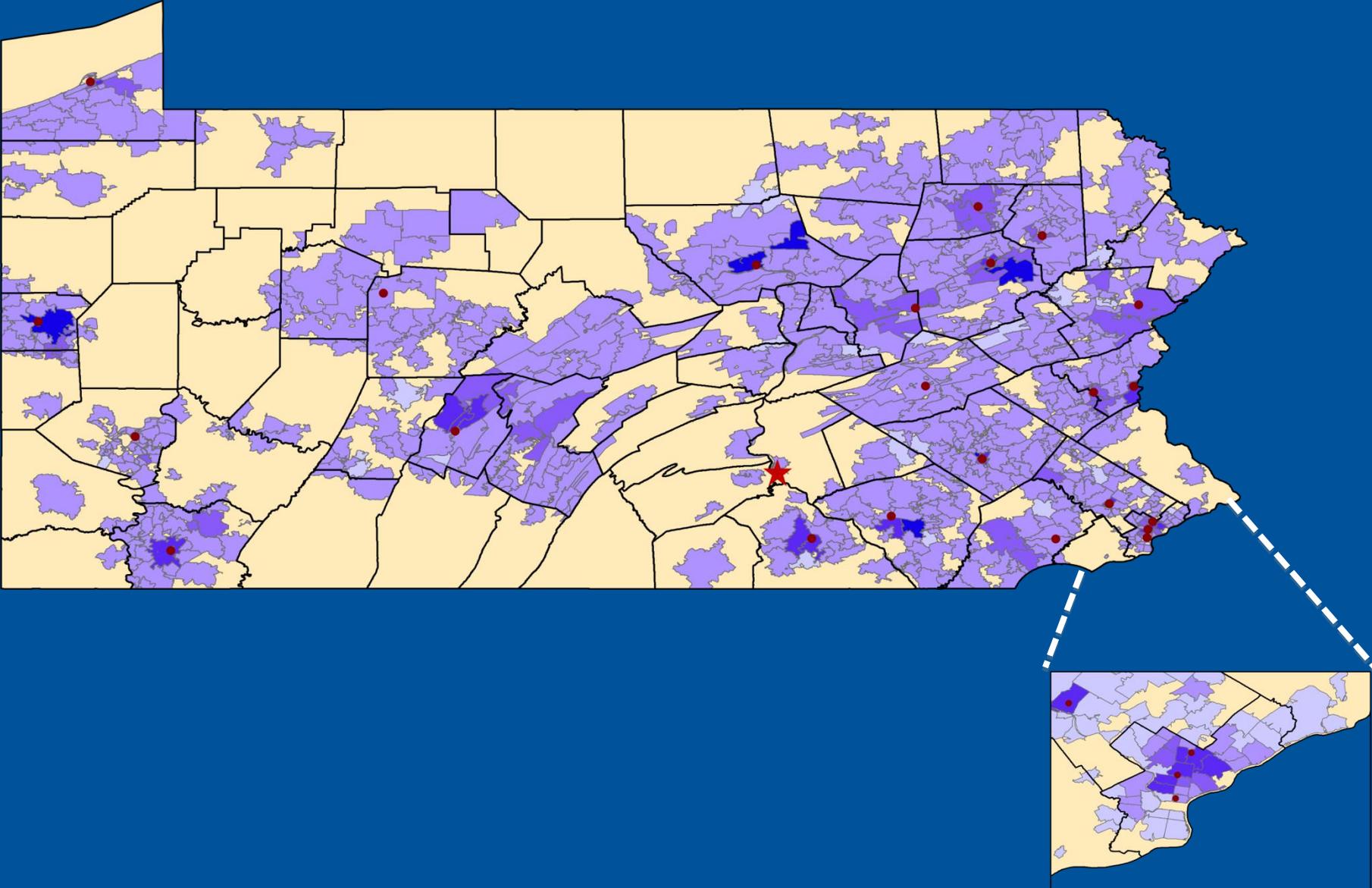
Efficacy vs. Effectiveness

- Highly controlled trials provide best opportunity to test the efficacy of an intervention
- Real world replication on a larger scale may impact the quality of the intervention
- Very difficult to test effectiveness on a large scale due to selection bias and limited quality of data

What should we measure?

- Most programs measure
 1. Process (did visit occur? Retention?)
 2. Benchmarks (smoking, second pregnancy)
- How do we know what we measure translates to outcomes?
- Local context poorly understood as programs disseminate

Distribution of NFP Clients in PA



The take-home message

- Evidence-base is important, but insufficient to guarantee outcomes following implementation
- Be careful about being too prescriptive
- CQI initiatives will need to foster model fidelity alongside elements of local organizational context



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